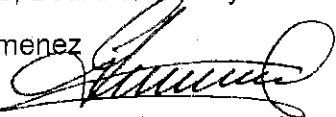


Memorandum



Date: May 5, 2015

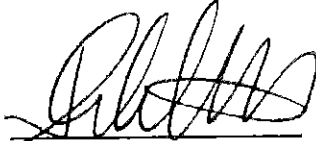
To: Honorable Chairman Jean Monestime
and Members, Board of County Commissioners

From: Carlos A. Gimenez
Mayor 

Subject: Supplement to Resolution approving a contract award recommendation to Insituform Technologies, LLC for a Countywide Contract for the Rehabilitation of Sanitary Sewers by the Cured-In-Place Pipe Lining Method; Contract No. S-866

Supplement to:
Agenda Item No. 8(O)(2)

This supplement is presented to include an affidavit that was inadvertently left out of the agenda item package released in the Metropolitan Services Committee March 15, 2015 Preliminary Agenda. The affidavit, known as the Firm's Responsibility Affidavit, is the ownership disclosure form which is provided by the prime contractor detailing a breakdown of the employees' race, national origin and gender. Information regarding the breakdown of the subcontractors is already included in the package and identified as ISD Form 7.



Jack Osterholt
Deputy Mayor

FIRM'S RESPONSIBILITY AFFIDAVIT
"Combined Affidavit"

STATE OF FLORIDA)
)SS:
COUNTY OF MIAMI-DADE)

The undersigned, being first duly sworn, states as follows:

GENERAL

1. I am a duly authorized representative of the Firm submitting a bid, proposal or other document to Miami-Dade County with the intention of being awarded a contract (referred to in this affidavit as the "Respondent").
2. This Affidavit is made of my personal knowledge. I understand that Miami-Dade County will rely on the representations made in this affidavit in determining my eligibility and responsibility to enter into a contract with Miami-Dade County. By executing this affidavit, the Respondent agrees to provide to Miami-Dade County such documentation or other proof as Miami-Dade County may require verifying the accuracy and completeness of any of the representations.
3. The Respondent is duly authorized to submit this bid or proposal, and if awarded the contract, to enter into the contract and perform the services or supply the goods contemplated in the contract.

OWNERSHIP DISCLOSURE

4. That in compliance with Section 2-8.1(d)(1) of the Miami Dade County Code, if the contract or business transaction is with a corporation, the full legal name and business address shall be provided for each officer and director and each stockholder who holds directly or indirectly five percent (5%) or more of the corporation's stock. If the contract or business transaction is with a trust, the full legal name and address shall be provided for each trustee and each beneficiary. (Post Office addresses are not acceptable). The full legal names and business address shall be provided for any other individual (other than subcontractors, material men, suppliers, laborers, or lenders) that have, or will have, any interest (legal, equitable beneficial or otherwise) in the contract or business transaction with Miami-Dade County. (Post Office addresses are not acceptable). This information shall be supplied on the attached Ownership Disclosure form and signed by the Respondent.

FIRM'S RESPONSIBILITY AFFIDAVIT
"Combined Affidavit"

EMPLOYMENT DISCLOSURE

5. The following information and attachments are provided and are in compliance with all items in County Ordinance No. 90-133, amending Section 2.8-1; Subsection (d)(2):

a. Does your firm have a collective bargaining agreement with its employees?
☐ Yes ☒ No

b. Does your firm provide paid health care benefits for its employees?
☒ Yes ☐ No

c. Provide a current breakdown (number of persons) of your firm's work force and ownership as to race, national origin and gender: See attached EEO-1

White:	_____	Males:	_____	Females:	_____
Asian:	_____	Males:	_____	Females:	_____
Black:	_____	Males:	_____	Females:	_____
American Indian:	_____	Males:	_____	Females:	_____
Hispanics:	_____	Males:	_____	Females:	_____
Alut (Eskimo):	_____	Males:	_____	Females:	_____
_____:	_____	Males:	_____	Females:	_____

EMPLOYMENT DRUG FREE WORKPLACE

6. The Respondent provides a drug-free workplace in full compliance with Section 2-8.1.2 of the Code of Miami-Dade County.

EMPLOYMENT FAMILY LEAVE

7. That in compliance with Ordinance No. 91-142 of the Code of Miami-Dade County, Florida, the following information is provided and is in compliance with all items in the aforementioned Ordinance:

An employee who has worked for the above firm for at least one (1) year shall be entitled to ninety (90) days of family leave during any twenty-four (24) month period, for medical reasons, for the birth or adoption of a child, or for the care of a child, spouse or other close relative who has a serious health condition without risk of termination of employment or employer retaliation.

CO= R620720
U= R620720

EQUAL EMPLOYMENT OPPORTUNITY
2014 EMPLOYER INFORMATION REPORT
CONSOLIDATED REPORT - TYPE 2

SECTION B - COMPANY IDENTIFICATION

1. AEGION CORPORATION
17988 EDISON AVENUE
CHESTERFIELD, MO 63005

SECTION C - TEST FOR FILING REQUIREMENT

1-Y 2-Y 3-N DUNS NO.:

2-a AEGION CORPORATION
17988 EDISON AVENUE
CHESTERFIELD, MO 63005

SECTION E - ESTABLISHMENT INFORMATION

NAICS:

SECTION D - EMPLOYMENT DATA

JOB CATEGORIES	HISPANIC OR LATINO		NOT-HISPANIC OR LATINO											OVERALL TOTAL		
	MALE	FEMALE	***** MALE *****								***** FEMALE *****					TOTAL
			WHITE	BLACK OR AFRICAN AMERICAN	NATIVE HAWAIIAN OR PACIFIC ISLANDER	ASIAN	AMERICAN INDIAN OR ALASKAN NATIVE	TWO OR MORE RACES	WHITE	BLACK OR AFRICAN AMERICAN	NATIVE HAWAIIAN OR PACIFIC ISLANDER	ASIAN	AMERICAN INDIAN OR ALASKAN NATIVE	TWO OR MORE RACES		
EXECUTIVE/SR OFFICIALS & MGRS	2	0	34	1	0	1	0	0	0	5	0	0	0	0	1	
FIRST/MID OFFICIALS & MGRS	29	2	309	8	0	11	4	4	4	34	3	0	1	0	2	
PROFESSIONALS	24	14	237	14	0	22	2	9	9	90	9	0	8	0	0	
TECHNICIANS	21	3	138	10	3	3	2	3	3	8	1	0	0	0	0	
SALES WORKERS	2	4	46	0	0	0	0	0	0	7	1	1	1	0	0	
ADMINISTRATIVE SUPPORT	15	21	46	20	0	2	0	1	1	158	13	0	2	0	4	
CRAFT WORKERS	464	11	1362	119	9	21	12	8	4	6	1	1	1	0	1	
OPERATIVES	77	1	306	100	1	8	8	6	10	13	0	0	0	0	0	
LABORERS & HELPERS	166	8	444	71	16	3	7	15	2	6	0	0	0	0	0	
SERVICE WORKERS	1	10	13	2	0	0	0	0	0	0	0	0	0	0	0	
TOTAL	801	74	2935	345	29	71	35	46	318	52	2	13	0	8	4	
PREVIOUS REPORT TOTAL	627	38	2200	223	17	61	24	28	291	46	0	15	0	5	3	

SECTION F - REMARKS

DATES OF PAYROLL PERIOD: 09/01/2014 THRU 09/15/2014

SECTION G - CERTIFICATION

CERTIFYING OFFICIAL:
EEO-1 REPORT CONTACT PERSON:
EMAIL: rfitzpatrick@aegion.com

BECKY FITZPATRICK
BECKY FITZPATRICK

TITLE: HRIS MANAGER
TITLE: HRIS MANAGER
TELEPHONE NO: 6365308040

CERTIFIED DATE[EST]: 11/03/2014 12:16 PM

FIRM'S RESPONSIBILITY AFFIDAVIT
"Combined Affidavit"

DOMESTIC LEAVE

8. That in compliance with Ordinance No. 9-5 of the Code of Miami-Dade County, Florida, the following information is provided and is in compliance with all items in the aforementioned Ordinance:

An employee who has worked for the above firm for at least three hundred and eight (308) hours in the previous ninety (90) days shall be entitled to thirty (30) work days of unpaid domestic leave during any twelve (12) month period, for medical or dental reasons, for legal assistance, to attend court appearances, counseling or any reasons necessary to provide for the safety or well being of the employee subjected to domestic or repeat violence, without risk of termination of employment or employer retaliation.

ARREARS WITH THE COUNTY

9. That in compliance with Ordinance No. 95-178 and Section 2-8.1(c) of the Code of Miami-Dade County, the Proposer has paid all delinquent and currently due fees or taxes, including but not limited to real estate and personal property taxes, registered in the name of Proposer and which are collected in the normal course by the Miami-Dade County Tax Collector, and that County issued parking tickets for vehicles registered in the name of the above proposer, and which are collected in the normal course by the Miami-Dade Clerk of the Circuit and County Courts, have been paid.

That in compliance with Ordinance No. 99-162 and Section 2-8.1 of the Code of Miami-Dade County, the Proposer is not in arrears in any payment under contract, promissory note or other loan document with Miami-Dade County, or any of its agencies or instrumentalities, including the Public Health Trust, either directly or indirectly through a firm, corporation, partnership or joint venture in which the individual or entity has a controlling financial interest as that term is defined in Section 2-11.1(b)(8) of the Code of Miami-Dade County.

CODE OF BUSINESS ETHICS

10. I, being duly sworn, hereby state and certify that this firm has adopted a Code of Business Ethics that is fully compliant with the requirements of Section 2-8.1(i) of the Code of Miami-Dade County as amended. I further acknowledge that failure to comply with the adopted Code of Business Ethics shall render any contract with Miami-Dade County voidable, and subject this firm to debarment from County work pursuant to Section 10-38 (h)(2) of the Code of Miami-Dade County as amended. I further acknowledge that failure to submit this affidavit shall render this firm ineligible for contract award.

FIRM'S RESPONSIBILITY AFFIDAVIT
"Combined Affidavit"

NO CRIMINAL RECORD

11. The Respondent has not been convicted of a felony during the past ten (10) years, nor does it, as of the date of the bid or proposal submission, have an officer, director or executive who has been convicted of a felony during the past ten (10) years as defined in Section 2-8.6 of the Code of Miami-Dade County.

PUBLIC ENTITY CRIME

12. The respondent has not been convicted of a Public Entity crime as defined in Paragraph 287.133(1)(g) of the Florida Statutes. Violation of any State or Federal law with respect to the transaction of business with any public entity or with an agency or political subdivision of any State.

DEBARMENT AND SUSPENSION DISCLOSURE

13. The Respondent, and its officers, principals, stockholders, subcontractors or its affiliates are not debarred or suspended from contracting with Miami-Dade County as regulated by Section 10-38 of the Miami Dade County Code.

NON -DISCRIMINATION BASED ON DISABILITY

14. The Respondent is in compliance with and agrees to continue to comply with and assure any subcontractor, or third party contractor under this project complies with all applicable laws forbidding discrimination based on disability including, but not limited to those provisions pertaining to employment, provision of programs and services, transportation, communications. Access to facility, renovations and new construction as set forth in the Americans with Disabilities Act of 1990 (ADA), the Rehabilitation Act of 1973, the Federal Transit Act and the Fair Housing Act.

FAIR SUBCONTRACTING

15. Consistent with Section 2-8.8 of the Code of Miami-Dade County, the Respondent has adopted subcontracting policies and procedures which (a) notifies the broadest number of local subcontractors of the opportunity to be awarded a subcontract; (b) invites local subcontractors to submit bids in a practical, expedient way; (c) provides local subcontractors access to information necessary to prepare and formulate a subcontracting bid; (d) allows local subcontractors to meet with appropriate personnel of the Respondent to discuss the Respondent's requirements; and (e) awards subcontracts based on full and complete consideration of all submitted proposals and in accordance with the Respondent's stated objectives.

FIRM'S RESPONSIBILITY AFFIDAVIT
"Combined Affidavit"

RESPONSIBLE WAGE AND BENEFITS (IF APPLICABLE)

16. If applicable, the Respondent is in full compliance with Section 2-11.16 of the Code of Miami-Dade County, and should he or she be awarded the contract, understands his or her obligation to pay the project minimum wage rates set forth in that Section and the labor provisions of the contract documents.

CLEARINGHOUSE AFFIDAVIT

17. That in compliance with Miami-Dade County Resolution Number R-1395-05, the Respondent agrees to comply with all requirements of the Clearinghouse Resolution and Job Request form for posting job opportunities. Making it a mandatory requirement for Respondents to post notice of job opportunities resulting from the construction of improvements on County property through the County's Clearinghouse process.

I STATE NOTHING FURTHER IN THIS AFFIDAVIT.

Signature: _____

Position/Title: _____

Name of Firm: _____

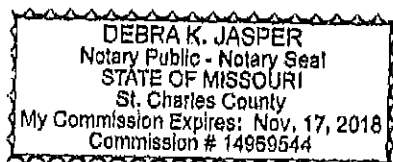
Diane Partridge
Diane Partridge, Contracting and Attesting Officer

Instituform Technologies, LLC

The foregoing was sworn and subscribed before me this 1st day of December, 2014 by Diane Partridge, who is personally known to me or who has produced personally known as identification who being duly sworn, deposes and says that the above is true to the best of his knowledge, information and belief.

My Commission expires: Nov. 17, 2018

Debra K. Jasper
NOTARY PUBLIC
STATE OF ~~FLORIDA~~ Missouri



COMBINED AFFIDAVIT

Appendix A

CHECKLIST OF REQUIREMENTS TO CONTRACT

The provisions in this appendix are established as a checklist to identify requirements for each Respondent to adhere in order to comply with all provisions applicable to this Contract. The applicable "check box" is electronically checked by the Department issuing this information.

In addition this listing identifies, for reference, items contained within the Combined Affidavit to be executed by the Respondent at the time of the submittal. Each page of the Combined Affidavit shall be initialed by the party(s) executing the document.

Check Box	Requirement	Resolution/ Ordinance	MDC Code	A.O.	Fed. Acq. Reg./ Florida Statute	Comments	In Combined Affidavit
<input checked="" type="checkbox"/>	Ownership Disclosure		Section 2-8.1			All contracts shall require the person contracting or transacting to provide ownership information.	Attached
<input checked="" type="checkbox"/>	Contractor's Debarment Affidavit		Section 10-38			Requires a signed affidavit stating the contractor is not currently debarred or in process of debarment	YES
<input checked="" type="checkbox"/>	Contractor Debarment		Section 10-38			If debarred, Contractor is not eligible to bid. Failure to comply with any requirements may result in debarment	
<input checked="" type="checkbox"/>	Cone of Silence		Section 2-11.1			Prohibits communication with County staff between Advertisement and Award Recommendation	
<input checked="" type="checkbox"/>	Code of Business Ethics		Section 2-8.1			Requires compliance with all applicable rules and regulations	YES
<input checked="" type="checkbox"/>	Public Entity Crime Affidavit				F.S. 287.13 3	Contractor has not been convicted of a felony during the past ten years	YES
<input checked="" type="checkbox"/>	Criminal Record		Section 2-8.6			Disclosure of criminal conviction(s) in the past ten (10) years	YES
<input checked="" type="checkbox"/>	County's Clearinghouse	Resolution R-1395-05				Contractor to post job opportunities with the County's Department of Business Development	

4/7/2008

Published Date: 2/20/2008

COMBINED AFFIDAVIT

Appendix A

Check Box	Requirement	Resolution/ Ordinance	MDC Code	A.O.	Fed. Acq. Reg./ Florida Statute	Comments	In Combined Affidavit
<input checked="" type="checkbox"/>	Clearinghouse Affidavit	Resolution R-1145-99				Signed affidavit stating compliance with Clearinghouse Resolution and Job Request Form	YES
<input checked="" type="checkbox"/>	Disability Non-discrimination Affidavit	Resolution R-182-00				Signed affidavit stating non-discrimination against Americans with Disabilities	YES
<input checked="" type="checkbox"/>	Drug Free Workplace Affidavit		Section 2-8.1.2			Signed affidavit stating that the contractor maintains a Drug Free Workplace	YES
<input checked="" type="checkbox"/>	Drug Free Workplace		Section 2-8.1.2			Codification of the Drug Free Workplace, contractor requirements to notify each employee and subcontractor	
<input checked="" type="checkbox"/>	Disclosure Affidavit		Section 2.8-1			Signed affidavit disclosing any Collective Bargaining agreement, Health Care benefits, Workforce Ethnicity and Gender Breakdown	YES
<input checked="" type="checkbox"/>	Delinquent and Currently Fees Due		Section 2-8.1	3-29		Contractor to resolve all outstanding financial issues with the County (i.e., fines, tickets, taxes, loans, etc.)	YES
<input checked="" type="checkbox"/>	Family Leave	Ordinance 92-15				Leave policy for birth, adoption and other family related, without prejudice	YES
<input checked="" type="checkbox"/>	Domestic Leave	Ordinance 99-5				The firm is in compliance with MDC Code 11A-60	YES
<input checked="" type="checkbox"/>	False Claims Ordinance		Sections 21-255 through 21-266			False claims by contractor resulting in bid rejection, cancellation of contract and possible debarment	
<input checked="" type="checkbox"/>	Prompt Payment		Sections 2-8.1.4, 10-2.02 & 10-33.02		HB 509 Engrossed 1 2005	Sets parameters for payments of Contractors, Sub-contractors, Subs of Sub-contractors and Suppliers	
<input checked="" type="checkbox"/>	First-Tier Subcontracts Disclosure		Sections 2-8.1 and 10-34			Contractor supplying list of all First-Tier sub contractors at the time of Award, unless specific goals at time of Response	

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COMBINED AFFIDAVIT

Appendix A

Check Box	Requirement	Resolution/ Ordinance	MDC Code	A.O.	Fed. Acq. Reg./ Florida Statute	Comments	In Combined Affidavit
<input checked="" type="checkbox"/>	Fair Subcontracting Practices		Section 2-8.8			Non-discrimination in the subcontracting process with sub contractors and suppliers	YES
<input checked="" type="checkbox"/>	Local Preference		Section 2-8.5			Provision for local business utilization in Miami-Dade County contracts	
<input checked="" type="checkbox"/>	License Requirements		Section 10-3		Chapter 489	Contractor possessing proper license(s) at the time of Response and throughout the contract	
<input checked="" type="checkbox"/>	Quarterly Reports	Resolution R-113-94				Contractor to file financial reports quarterly	
<input checked="" type="checkbox"/>	Employment and Procurement Practices		Section 2-8.1.5			Affirmative Action Plan and Procurement policy when total contracting exceeds \$5 million/ year	
<input checked="" type="checkbox"/>	Works in Public Right of Way		Section 2-103.1			Contractor to restore to the preexisting condition the right of way or shall be subject to a \$500 per day civil fine.	
<input checked="" type="checkbox"/>	Inspector General (IG)		Section 2-1076			Applies to all County Contracts at a rate of ¼ of 1% of the Contract value, unless specifically prohibited by local, state or federal law.	
<input checked="" type="checkbox"/>	Independent Private Sector IG		Section 2-1076			Hired by the Audit and Management services to perform review of selected contracts.	
<input checked="" type="checkbox"/>	Performance and Payment Bond	Resolution R-345-03			F.S. 255.05	Establishes the requirements of the Performance and Payment Bond for construction contracts with the County.	
<input checked="" type="checkbox"/>	Bid Bond		Section 18-14			Contractor to submit a bid bond whenever a Performance and Payment bond is required.	

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COMBINED AFFIDAVIT

Appendix A

Check Box	Requirement	Resolution/ Ordinance	MDC Code	A.O.	Fed. Acq. Reg./ Florida Statute	Comments	In Combined Affidavit
<input checked="" type="checkbox"/>	Public Record Exemption				F.S. 119.071	Contractor to maintain a record of the distribution of all Documents, including Plans and return, in full, all Documents upon Contract completion	
<input checked="" type="checkbox"/>	Evaluation of Contractor / Consultant			3-42		Requirements to formally evaluate each Contractor / Consultant and resultant review for future work or suspension	
<input checked="" type="checkbox"/>	Collection of Liquidated Damages (LD's)	R-173-8				Requirement to collect LD's unless waived by Mayor with prior consent from BCC	
<input type="checkbox"/>	Lobbyist Registration for Oral Presentation	Ordinance 03-107	Section 2-11.1			Standard form to be executed by the respondent to register as a company representative	
<input type="checkbox"/>	Community Workforce Program		Section 2-1701	3-37		Imposes workforce hiring requirements on construction contracts	
<input checked="" type="checkbox"/>	Community Small Business Enterprise (CSBE)		Section 10-33.02			When applicable, percentage of CSBE utilization or 100% set-aside	
<input checked="" type="checkbox"/>	Responsible Wage and Benefits		Section 2-11.16			Establishes wages and benefits per trade, per construction category. Produced quarterly	YES
<input type="checkbox"/>	Davis-Bacon Act				F.A.R. 52.222	Applies to federally funded contracts, wages & benefits	
<input type="checkbox"/>	Buy American Act				F.A.R. 52.222	Applies to federally funded contracts	
<input type="checkbox"/>	Working hours and Safety/ Overtime Compensation				F.A.R. 52.222	Applies to federally funded contracts	
<input type="checkbox"/>	Payroll and Records				F.A.R. 52.222	Applies to federally funded contracts	
<input type="checkbox"/>	Apprentices and Trainees				F.A.R. 52.222	Applies to federally funded contracts	

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COMBINED AFFIDAVIT

Appendix A

Check Box	Requirement	Resolution/ Ordinance	MDC Code	A.O.	Fed. Acq. Reg./ Florida Statute	Comments	In Combined Affidavit
<input type="checkbox"/>	Copeland Act				F.A.R. 52.222	Applies to federally funded contracts	
<input type="checkbox"/>	Subcontract Labor Standards				F.A.R. 52.222	Applies to federally funded contracts	
<input type="checkbox"/>	Termination / Debarment				F.A.R. 52.222	Applies to federally funded contracts	
<input type="checkbox"/>	Labor Standards Disputes				F.A.R. 52.222	Applies to federally funded contracts	
<input type="checkbox"/>	Certification of Eligibility				F.A.R. 52.222	Applies to federally funded contracts	
<input type="checkbox"/>	Disadvantaged Business Enterprise (DBE)				F.A.R. T.A.R.	Applies to federally funded contracts	

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Published Date: 2/20/2008

COMBINED AFFIDAVIT
Appendix B

OWNERSHIP DISCLOSURE FORM

Name of Firm: Insituform Technologies, LLC
Federal Employer's ID No. 13-3032158
Address of Principal Office: 17988 Edison Avenue
Chesterfield, MO 63005
Managing Miami-Dade County Department: Water & Sewer
Project/Contract/Bid Number: Two-Year Countywide Contract for Rehabilitation Sanitary Sewer by Cured-In-Place Pipe Lining Method
with County Option to Renew for an Additional Two Years on a Yearly Basis, Contract No. S-866 Percentage
Position¹ Name (Last, First Middle Initial) Address City, State Zip Ownership
100% wholly owned by parent company Aegion

Signature of Authorized Representative Diane Partridge Date December 1, 2014
Print/Type Representative's Name Diane Partridge Phone Number: (636) 530-8000
Representative's Position/Title Contracting and Attesting Officer Facsimile Number: (636) 530-8701

Page of

¹ Position: P=President, VP=Vice President, TREAS=Treasurer, SECY=Corporate Secretary, D=Director, SH=Shareholder



Miami-Dade County Department of Business Development
Appendix C to Combined Affidavit

NOTICE OF CONSTRUCTION CLEARINGHOUSE JOB OPPORTUNITY

Resolution No.: R-1395-05

MIAMI-DADE COUNTY PROVIDES EQUAL ACCESS OPPORTUNITY IN EMPLOYMENT AND SERVICES FOR MINORITIES/FEMALES AND APPLICANTS WITH DISABILITIES

To be completed by Employer/Contractor. Please print clearly or type. Use one form for each position title

JOB OPPORTUNITY INFORMATION

Position Title:		Application Deadline:	
Jobsite Location:		Number of Openings:	Hourly Rate:
Describe Job Duties (Knowledge, skills and abilities):			
Job Duration: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary If temporary, how long? _____ Fringe Benefits: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Experience Required: <input type="checkbox"/> No <input type="checkbox"/> Will Train <input type="checkbox"/> Yes If yes, how much experience is required? (Months or Years) _____			
Education Required: <input type="checkbox"/> None <input type="checkbox"/> H.S. Diploma/GED <input type="checkbox"/> AA Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Ph.D.			
Certifications/Licenses Requires: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please list; _____			
Driver's License Required: <input type="checkbox"/> None <input type="checkbox"/> Operator/Class E <input type="checkbox"/> Commercial Class _____ <input type="checkbox"/> Chauffeur/Class D			
Language(s) Required: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Creole <input type="checkbox"/> Other; _____			
Applicants should contact employer by: <input type="checkbox"/> Phone <input type="checkbox"/> Fax Resume <input type="checkbox"/> Mail Resume <input type="checkbox"/> In person (days/hours) _____			

EMPLOYER/CONTRACTOR INFORMATION

Business Name:		Contract/Project No:	
Address (Street Name and Number):		Suite #:	Federal ID #:
City:		Telephone Number:	
Type of Business:		Fax Number:	
Contact Person:		E-mail Address:	

Employer/Contractor, please fax this completed form to:

Attention: Clearinghouse
Department of Business Development (DBD)
Contract Review and Compliance Division
111 NW First Street, 19th Floor
Miami, Florida 33128
Telephone: (305) 375-3111 Fax: (305) 375-3160

***** FOR OFFICIAL USE ONLY *****

Date and time this notice received at Miami-Dade Department of Business Development.	Received By:
--	--------------

4/7/2008 Published: 1/22/2007

Published: 1/22/2007

MIAMI-DADE
COUNTY

IN ORDER TO PROVIDE INFORMATION NECESSARY IN DETERMINING THE QUALIFICATIONS OF THE PROPOSER, EACH CONTRACTOR IS REQUIRED TO ANSWER THE FOLLOWING:

4/7/2008

QUESTIONNAIRE

Appendix D



WHEN THE CONTRACTOR IS A CORPORATION:

(CORPORATION SEAL)

(Name of Corporation)

ATTEST

By: Debra Jasper

(Secretary)

Debra Jasper, Contracting and Attesting Officer

(Print or type name)

17988 Edison Avenue

Chesterfield, MO 63005

(Address)

Diane Partridge

(Signature of Officer)

Diane Partridge

(Print or type name)

Contracting and Attesting Officer

(Official Title)

(PARTY OF THE SECOND PART)

Attach to each counterpart a certified copy of a resolution of the Board of Directors of the corporation authorizing the officer who signs the Contract, the Performance Bond and Payment Bond to do so in its behalf.

WHEN THE CONTRACTOR IS A JOINT VENTURE:

(Name of Joint Venture)

By: [Signature]

(Signature of Joint Venture)

(Print or type name)

(Title)

(Signature of Joint Venture)

(Print or type name)

(Title)

(Address)

NOTE: Complete Joint Venture in accordance with Section 5 of the Instructions to Prospective Contractors.

QUESTIONNAIRE

Appendix D

MIAMI-DADE
COUNTY

WHEN THE CONTRACTOR IS A SOLE PROPRIETORSHIP
OR OPERATES UNDER A TRADE NAME:

(Name of firm if applicable) (Address)

By: _____
(Witness signature) (Signature of individual)

By: _____
(Print or type name) (Print or type name)

By: _____
(Witness signature)

By: _____
(Print or type name)

ACKNOWLEDGEMENT:

STATE OF)
)SS.:
COUNTY OF)

Before me personally appeared _____ to me well
known and known to me to be the person described in and who executed the foregoing instrument, and
acknowledged to and before me that _____
executed said instrument for the purposes therein expressed.

WITNESS my hand and official seal, this _____ day of _____, AD 20____.

Notary Public _____

State of _____ at large

My Commission expires _____

QUESTIONNAIRE

Appendix D



WHEN THE CONTRACTOR IS AN INDIVIDUAL:

By: _____
(Witness signature) (Signature of individual)

By: _____
(Print or type name) (Print or type name)

By: _____
(Witness signature) (Address)

By: _____
(Print or type name)

(PARTY OF THE SECOND PART)

ACKNOWLEDGEMENT:

STATE OF)
) SS.:
COUNTY OF)

Before me personally appeared _____ to me
well known and known to me to be the person described in and who executed the foregoing instrument,
and acknowledged to and before me that _____
executed said instrument for the purposes therein expressed.

WITNESS my hand and official seal, this _____ day of _____, AD 20____.

Notary Public _____

State of _____ at large

My Commission expires _____